

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1851

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place) .....		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>MISSOURI Y M C A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Y M C A</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>George Withen Ward</u>		b. (Middle) .....		c. (Last) .....		4. DATE OF DEATH (Month) (Day) (Year) <u>January 15, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>1874</u>		9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. Loading Truck</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>White Star Laundry</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Josh Ward</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Fagan</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. .....		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dorothy Hopkins Oklahoma City Okla.</u>			
<p>VERDICT OF JURY: MEDICAL CERTIFICATION</p> <p>George W. Ward came to his death from causes unknown to this jury. It is the opinion of this jury that the building furniture and equipment as well as the water in the pool in which the body was found was in no way connected with the primary cause of death. Furthermore it is our opinion that death was due to normal causes.</p> <p><i>H. Crawford Smith</i> 1955</p>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Y M C A</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Missouri</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 / 15 / 51</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from ....., 19 ....., to ....., 19 ....., that I last saw the deceased alive on ....., 19 ....., and that death occurred at ..... m., from the causes and on the date stated above.							
23a. SIGNATURE <i>H. Crawford Smith</i>		(Degree or title) <u>CORONER 3</u>		23b. ADDRESS <u>902 Broadway Hannibal Missouri</u>		23c. DATE SIGNED <u>1/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park Hannibal</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-18-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Crawford Smith</u>		ADDRESS <u>Hannibal Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 22 1951  
O. HEALTH DEPT.  
DATE FILED JAN 23 1951

MAR 20 1951

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*John S. Stand*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.